

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. *10/1699743* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/		/			
3	<i>3</i>		<i>4</i>			
4	<i>1</i>		<i>1</i>			
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TOTAL IND. *2* TOTAL DEP. *2* TOTAL CLAIMS *3*

3 *1* *8*

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. TOTAL DEP. TOTAL CLAIMS